

**Maryland Board of Pharmacy
Public Board Meeting**

Agenda
September 19, 2018

Name	Title	Present	Absent
Ashby, D.	Commissioner		
Bouyoukas, E	Commissioner		
Evans, K.	Commissioner		
Hardesty, J.	Commissioner/Treasurer		
Laws Jr, A.	Commissioner		
Leikach, N.	Commissioner		
Morgan, K.	Commissioner/President		
Oliver, B	Commissioner		
Peters, R.	Commissioner		
Toney, R.	Commissioner/Secretary		
Yankellow, E.	Commissioner		
Bethman, L.	Board Counsel		
Felter, B.	Staff Attorney		
Speights-Napata, D.	Executive Director		
Fields, E.	Deputy Director /Operations		
Evans, T.	Compliance Director		
Brand, E.	Licensing, Legislation and Regulations Manager		
Chew, C.	Management Associate		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)								
I. Executive Committee Report(s)	<p>A.) K. Morgan, Board President</p> <p>B.) R. Toney, Secretary</p>	<p><i>Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.</i></p> <ol style="list-style-type: none"> 1. Call to Order 2. Sign-in Introduction and of meeting attendees – <i>(Please indicate on sign-in sheet if you are requesting CE Units for attendance)</i> 3. Distribution of Agenda and packet materials 4. Review and approve August Public Meeting Minutes 									
II. A. Executive Director Report	D. Speights-Napata, Executive Director	<ol style="list-style-type: none"> 1. Operations Updates 2. Meetings Update <p>I. Guest Speaker--Bill Cover, NABP II. Tech-Check-Tech Survey III. Inspector Robbery protocol</p>									
B. Operations	E. Fields, Deputy Director/Operations	<ol style="list-style-type: none"> 1. Procurement and Budget Updates a: August 2018 Financial Statements 2. Management Information Systems (MIS) Unit Updates a: None 									
C. Licensing	E. Brand, Licensing, Legislation and Regulations Manager	<ol style="list-style-type: none"> 1. Unit Updates 2. Monthly Statistics <table border="1"> <thead> <tr> <th>License Type</th><th>New</th><th>Renewed</th><th>Reinstated</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	License Type	New	Renewed	Reinstated					
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		Distributor	18	1	0	1,296
		Pharmacy	19	0	0	2,089
		Pharmacist	135	481	0	11,877
		Vaccination	82	6	0	4,548
		Pharmacy Intern - Graduate	4	0	0	53
		Pharmacy Intern - Student	30	11	0	935
		Pharmacy Technician	154	373	3	9,834
		Pharmacy Technician-Student	1	0	0	6
		TOTAL	443	872	3	30,638
D. Compliance	T. Evans, Compliance Director	1. Unit Updates 2. Monthly Statistics Complaints & Investigations:				

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		<p>New Complaints - 20</p> <ul style="list-style-type: none"> • Child Support - 1 • Disciplinary Actions in Another State - 4 • Dispensing Error - 4 • Employee Pilferage - 1 • Failure to Notify of Relocation - 1 • Professional Misconduct - 4 • Inspection Issues - 3 • Sterile Compounding - 2 <p>Resolved (Including Carryover) – 40</p> <p>Actions within Goal – 24/40</p> <p>Final disciplinary actions taken – 10</p> <p>Summary Actions Taken – 2</p> <p>Average days to complete - 114</p> <p>Inspections:</p> <p>Total - 151</p> <p>Annual Inspections -127</p> <p>Opening Inspections -8</p> <p>Closing Inspections -11</p> <p>Relocation/Change of Ownership Inspections -1</p> <p>Board Special Investigation Inspections - 4</p>	
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E. Legislation & Regulations	E. Brand, Legislation and Regulations Manager	<p><u>Regulations</u></p> <p><u>Proposed COMAR 10.34.05.05 Security Responsibilities</u></p> <p><u>Proposed COMAR 10.34.09 Fees</u></p> <p><u>Legislation</u></p>	
III. Committee Reports A. Practice Committee	R. Peters, Chair	<p><u>Joseph F. Nusbaum</u></p> <p>We are looking for guidance in situations where the physician is prescribing opioids for quantities that exceed the patient's insurance limits. The physicians are providing the patient with two prescriptions; one that the patient pays for out of pocket.</p> <p>Is this an acceptable way to address the patient's needs without running afoul of the DEA? We are concerned that since the CRISP reports that the patient is getting medication both through insurance and cash that this doesn't look good.</p> <p>We find ourselves in a conundrum about everyday opioid filling policies because the government seems to add new guidelines and policies on a daily basis and we would like to have policies and procedures that meet or exceed what is expected of a neighborhood pharmacy.</p>	

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		<p>Response: In response to your inquiry, there are several options:</p> <ol style="list-style-type: none"> 1. If the pharmacy's software allows, a single prescription should be treated as a "split" fill, i.e., the first fill will cover the amount covered by insurance; the second fill will cover the portion to be paid in cash. There will be only one prescription number. Both fills must be done at the same time. This is the preferred option. 2. If the pharmacy's software does not allow option 1, there should be two different prescriptions, one for the amount covered by insurance; the second would cover the amount paid in cash. The second prescription should have a "do not fill before" date and should be dispensed when the first prescription is finished. 3. Same scenario as option 2; however, in this instance, the patient is unable make two trips to the pharmacy. Write two prescriptions, one for the amount covered by insurance, and one for the remainder, and dispense both at the same time. <p>Regardless of the option chosen, the pharmacist should be very careful to fully document the circumstances on the prescription. Additionally, the pharmacist should also seek guidance from the DEA with regard to federal law regarding this matter.</p>	

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		<p><u>Dan Morrow</u></p> <p>I have a question regarding Remote Automated Medication Systems that I can't seem to come to a conclusion from reading the regulations.</p> <p>We are trying to service a hospice in-patient unit that does not have a pharmacy on site. They have an Omnicell that we would be supplying medications to, reviewing prescriptions sent by the physicians, and maintaining the operation machine. My question is, are we able to give power of attorney to the nurses that work at the in-patient unit to stock the machine if a pharmacist prepares the medications and has visual communication while the machine is being stocked?</p> <p>Any guidance on this topic would be appreciated.</p> <p>Response: In response to your inquiry, if the pharmacy owns or leases the machine, a nurse may not stock it. A licensed pharmacist or registered pharmacy technician may stock the automated medication system as provided in COMAR 10.34.28.07.</p> <p><u>Perry Shafner</u></p> <p>Question on behalf of Greater Baltimore Medical Center (GBMC) Inpatient Pharmacy, with a question regarding the storage of patients' own medications.</p> <p>When patients bring their own medications into our hospital, and are unable to send them home with a family member, our current process is to seal them in a bag, which is brought to the inpatient pharmacy for storage. However, we found that this process does</p>	

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		<p>not consistently result in the successful return of these medications to the patients upon discharge. The degree of accumulation of unclaimed personal medications is unacceptable to us, as it does not reflect the quality of care that our organization strives to provide our patients.</p> <p>In order to more reliably return personal medications to our patients, we would like to streamline the process of storing patient belongings, by having all personal belongings, including medications, stored in our Security department. This way, nurses would have only one place.</p> <p>Response: Please be advised that the Board of Pharmacy does not review internal security policies for institutional pharmacies. COMAR 10.34.03.08P provides that it is the responsibility of the director of pharmacy to "[e]stablish policies and procedures for identification, handling, storage, and disposition of medications brought into the institution by the patients."</p>	

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B. Licensing Committee	D. Ashby, Chair	<ol style="list-style-type: none"> 1. Review of Pharmacist Applications: NONE 2. Review of Pharmacy Intern Applications: NONE 3. Review of Pharmacy Technician Applications: NONE 4. Review of Distributor Applications: NONE 5. Review of Pharmacy Applications: NONE 6. Review of Pharmacy Technicians Training Programs: NONE 7. New Business: <ol style="list-style-type: none"> a. DivvyDOSE - Company is requesting the Board allow for pharmacy to obtain a permit. Pharmacy previously (2016) submitted an application; however, the owner was an actively licensed Physician/Surgeon. The owner has since retired. <u>Licensing Committee Recommendation:</u> Deny. The owner's Physician license is still active. b. Edward Bell - Review for denial of CE request. <u>Licensing Committee Recommendation:</u> Approve for 2 CE hours 	

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		<p>c. Hannah Jun - Review for denial of CE request. <i>Licensing Committee Recommendation:</i> Deny</p> <p>d. Howard Minster - Review for denial of CE request. <i>Licensing Committee Recommendation:</i> Deny</p> <p>e. Heta Sheth - Pharmacist Sheth is requesting refund of law book cost of \$35. She claims that she never received the law book. Our records do not reflect that the book was returned. She took and passed the MPJE. Licensing Committee Recommendation: Approve</p>	
C. Public Relations Committee	E. Yankellow, Chair	Public Relations Committee Update:	
D. Disciplinary Committee	K. Morgan, Chair	Disciplinary Committee Update:	
E. Emergency Preparedness Task Force	N. Leikach, Chair	Emergency Preparedness Task Force Update:	
IV. Other Business & FYI	K. Morgan, President		
V. Adjournment	K. Morgan, President	<p>A. The Public Meeting was adjourned.</p> <p>B. K. Morgan convened a Closed Public Session to conduct a medical review committee evaluation of confidential applications.</p>	

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		<p>C. The Closed Public Session was adjourned. Immediately thereafter, K. Morgan convened an Administrative Session for purposes of discussing confidential disciplinary cases.</p> <p>D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Closed Public Session and the Administrative Session.</p>	